

**NO CHANGE AFFIDAVIT  
FOR DISADVANTAGED BUSINESS ENTERPRISE PROGRAM  
WITH THE  
GEORGIA UNIFORM CERTIFICATION PROGRAM**

**GEORGIA DEPARTMENT OF TRANSPORTATION  
2 CAPITOL SQUARE SW ROOM 142  
ATLANTA, GA 30334-1002  
PHONE: (404) 656-5323**

This is to certify that as an owner, I have full knowledge of the operation of my firm and that to the best of my knowledge and belief, the information previously submitted to the Georgia Department of Transportation in accordance with 49 C.F.R. Part 26.67 to support my firm's certification as a Disadvantaged Business Enterprise is unchanged. The gross income for my firm for the past year is as shown below. I also affirm that my Personal Net Worth does not exceed the threshold of \$750,000.00 or \$2,000,000.00 for Airport Concessionaires as required by 49 C.F.R. Part 26.67.

Firm's Gross Income: \_\_\_\_\_

Year Ending: \_\_\_\_\_

\_\_\_\_\_  
(Name of Firm)

\_\_\_\_\_  
(E-Mail Address)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(City, State, Zip Code)

**Federal Tax ID No.** \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me \_\_\_\_\_, for the above named firm who signed the foregoing affidavit in my presence and made oath to the truth of the statement therein contained.

\_\_\_\_\_  
(Notary Signature)

My Commission Expires on \_\_\_\_\_